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They Said: Coaching Alongside Families in Early Intervention

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Cover Page Footnote

Special thanks to Drs. Dathan Rush and M'Lisa Shelden for their many years of educating EI providers and for sharing their time and expertise for this article.

Credentials Display

Dr. Beth Elenko, Guest Editor

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For this special issue on early intervention (EI), let us explore the coaching approach in EI. Although many occupational therapists have used coaching over the years, there are still some misconceptions. More recently, because of COVID-19, many occupational therapists and their EI colleagues have been thrown into the ring to apply coaching techniques virtually. Many believe that these practices go hand in hand with working in the natural environment with families doing their daily routines. Dr. Dathan Rush, a speech-language pathologist, and Dr. M'Lisa Shelden, a physical therapist, have been sharing and guiding early interventionists over the years on the practicalities of these coaching strategies.

I had the honor to sit down for a candid conversation with Drs. Rush and Shelden over Zoom to share their journey and development of coaching practices and to set the record straight about incorporating these practices into EI. They certainly had a lot of valuable insight to share. Here's what they had to say.

Dr. Beth Elenko:

How did you begin your work on coaching? What is it, and how we can apply these principles in EI?

***Dr. Shelden*:**

We began thinking about what our intervention should look like, and this understanding of what natural learning environments really meant, besides not being in a clinic. We thought about that term, *partnership with families*. It felt like this really isn't a partnership. We talk about it, but in the real world, are we contributing equally if we aren't engaging families in a way that is meaningful for them? We thought, how do you do it? What does it look like? How do we know if we're doing it right or not? Then the key: What does the research tell us?

***Dr. Rush*:**

We realized that families were really key to this process. Young children are nested in some kind of family constellation, however that family wants to define itself. You can't separate the child from their caregiver. The caregiver is going to be with the child more than the therapist could ever think about being.

The question became: How do we then support the caregivers to know how to support the child's learning and development?

We knew that families know their children better than we ever possibly could. They know what they like, and what they do together as a family. They know what areas they can use a little bit of extra support in and they know how to get at those things. Many people think that this means we need to be hands-off, and that the therapist is teaching the parent to be the therapist. That is not what it means. We need to support them, and our hands can only reach so far. If the families are engaged in supporting the child's learning during all the things that would happen in their life in between my visits, then we see the child making progress. We can come alongside that caregiver to assist them in supporting child learning and development during whatever it is that they're actually doing. That's the coaching piece.

This is where we need to figure out how we get at this information from the parents and caregivers. This is *reflective questioning*. We have to ask what they know, what they have tried, what's working, and what's not. We need to be better listeners instead of better tellers. I was really good at telling families what to do based on my priorities for their child, but I realized that they're more likely to do things that are more meaningful, functional, and consistent with their priorities for the child, and families have ideas about that. Many times, families think of things that I would never have thought of, and I would say let's try it out and see how it works. If it works, great. How do we continue doing that? If it doesn't work, we need to think about what we can do differently.

Often people have the misperception about coaching that therapists can't share any information. You need to ask questions, but you can still share your expertise and experiences when needed. M'Lisa always says, ask before you share. Find out what they know and what they've tried first. Then we can add on to it, rather than start with what we're thinking, and then ask them to adapt it so that it makes sense for them.

***Dr. Shelden*:**

Even if the child has significant challenges, you can see the family making progress. There may be families that you are not sure how to help. Instead of being quick to say that parent doesn't want to be involved, we would ask ourselves, how can we be better? I would start listening more instead of jumping in and trying to fix everything. As a physical therapist I was so used to handling the baby. I would have to tell myself not to pick up that baby. I needed to slow down and listen.

We often ask participants in the workshops that we provide, how many of them are in their current role because they want to work with adults. A few respond yes. Personally, I wanted to work with children instead of adults. We often don't realize that you work with adults when you work with young children.

***Dr. Rush*:**

One of the best quotes about coaching that I found in the occupational therapy literature is from Barbara Hanft, who co-authored the first book on coaching with us, and I believe this sums up coaching very nicely: Service providers should "move to a different position alongside the parent as coach rather than as a lead player" (Hanft & Pilkington, 2000, p. 2).

That is the visual when I think about coaching. Coming alongside them and engaging them in the session, not just sitting beside them on the couch. I once saw a picture that depicted this. It was of an EI provider who happened to be a nurse supporting a parent. The parent was on the floor giving the child a bath. She was positioned just over the parent's shoulder.

Now my position is to come alongside the parent. There will be times where I need to be somewhat out of the picture or in the periphery, or a little bit behind the parent. In all of those times I show the caregiver that I've got her back. We're figuring it out together. My ultimate goal is that when I'm not there, they know how to figure some of these things out themselves. So, when the situation changes a little bit, the parent knows, I've got this, I can figure this out.

Dr. Beth Elenko:

Then the world turned virtual with COVID-19 and our arms had to reach virtually to our families. What was the impact you saw?

***Dr. Rush*:**

When the program where I work went pretty quickly from face-to-face to virtual, the vast majority of parents said, "Not a problem, we got this." They said this because we'd already been coaching. They knew how to support their child's learning, and they knew their practitioner was going to be there for them, even if not physically present. They had already been using this interaction style. The parent was being empowered, capacity being built, competence and confidence through each visit increasing, and then knowing what to do when the practitioner is not there.

We also heard stories from around the country about practitioners who hadn't been coaching, and the families were saying, "What are we going to do without you here? We don't know what to do." They had been working exclusively with the child, so the family didn't know what to do.

A few months after being virtual, we were hearing from providers around the world, saying, "I'll admit, I wasn't doing coaching before, but I know I need to figure out how do it now." We can't keep doing what we did. We have to support the parent.

Now, months into virtual visits, what we're hearing from families is that their children are making progress, and making it faster than pre-COVID because they know what to do and do it all the time. They promote their children's learning during mealtime, changing clothes, diaper change time, and brushing teeth. The children are making progress and parents are recognizing that. We hear from EI teams that parents have asked if they can continue some of the virtual visits even after we're allowed to go back to face-to-face. EI practitioners are reporting that they are getting to participate virtually in activity settings that they would never have gotten to see and support the family via coaching. The parents can set the phone up in the kitchen when they're preparing meals and getting ready to eat. Whereas before the family may never have thought about inviting their practitioner in during that time.

***Dr. Shelden*:**

I heard from the therapist the other day who said, literally, "no offense, but we needed to step it up here at home. We weren't doing it, and now I get what you were trying to get me to do." I've heard it numerous times, a parent will say, "I've started realizing I need to be observing for those kinds of things that you're asking me about, and it never occurred to me to do that. We were here, and now I know."

Dr. Beth Elenko:

That is very powerful. COVID forced a new reality of how we should have been thinking. The reflective piece is so important. How do therapists learn to incorporate this into practice?

***Dr. Rush*:**

First, we have to realize that children and families' natural environments are more than just the place where we provide our supports. Natural environments consist of the everyday activities that families are doing. Children learn best and caregivers understand how to support their children's learning when it's part of their real-life activity. Once I understood this, that's when I realized that I didn't need my toy bag anymore. If I'm going during diaper change, I'm not going to fill my toy bag with diapers. If I'm going during meal time, I'm not taking a grocery bag. We're going to use what they have, and we're going to do what it is that they do. The intervention can be happening all the time, or the majority of the child's waking hours if parents know what to do. It can be part of mealtime and snack time and dressing and so forth, then they're going to practice it more. They're going to do it. This is where the questions come in that we talked about earlier. We need to observe, listen, and ask what it looks like and find out from them.

We schedule our visit during a family's real-life activities in which they want our support in helping them promote their child's learning and development. This gives them the opportunity to try to practice any new ideas that we generate together. We call this the action practice part of coaching. The place where we need to step back and observe and then help them reflect on how it's working and what could be tweaked instead of always jumping in. I should ask them how well they think an idea or strategy worked after they try it and what other ideas they have. That is what really sets coaching apart from other adult learning strategies or ways of interacting with adults: the reflection piece. We need to give the caregivers the opportunity to analyze what's happening and identify options, so they have the skills to problem solve and promote ongoing child learning when we're not there, not just when we are there.

Dr. Beth Elenko:

How do we teach this to the new clinician and model for their experienced supervisors who are not practicing what we are preaching? Or, for those who are having challenges with other team members providing the traditional model. This can be a clash of the titans.

***Dr. Rush*:**

The newly prepared therapist wants to get out there and show that they know things. The experienced therapist has all these years of experiences with all kinds of families and children. Their heads are just swimming with ideas and information that they can and want to share. The family has their knowledge of and experiences with the child. This I where you take a step back and pause and ask a question to find out, what are their priorities? What are their thoughts about what needs to be done? How do we join that with what they've already tried? This is so we collaborate on a joint plan that's doable and functional for them. I'm going to use what we collectively know to help them make the situation better.

***Dr. Shelden*:**

I think that there is an allure of people wanting to work in pediatrics because it's fun to help a child do something for the first time. Now, you have to get your positive feelings from helping another adult have the "A-Ha" instead of you being the one to do it. Occupational therapists are largely way ahead of other disciplines when thinking about function and role and real-life routines. I sometimes have to remind them that they know that. I often give an example: When you are working with an elderly gentleman who has dementia. He has restrictions because of hip surgery and he has to learn how to use a new toilet seat. He can't do it the way he did it before. He can't remember. What do you do? They easily respond, whoever's living with him is with whom I work. Then you hand them a baby, and they just want to do all their stuff with the baby. When they hear the example, they say, you're totally right. This baby has zero control over what happens during his day, where he goes, what he does, or how he does it. They're almost ready to graduate from EI by the time they can really assert their own. When you give them that analogy, they get it, but it takes just a little bit more to realize it looks different than the way we were trained and that I can use my skills as a therapist.

Dr. Beth Elenko:

We're always focused on the client. That is a good analogy, it's a shift to the family as the client.

***Dr. Rush*:**

We're in a really powerful position as therapists in EI, so we need to be very aware and cautious with this. Parents trust us, and they've been turning over their babies to us for years. By virtue of that, they might unintentionally miss out on some things. In our earlier work, we had one of the most profound shared experiences that shaped our careers. For years, I would tell the story in trainings because it was one of the turning points in our work. We could not get to coaching fast enough after this experience. We literally and inadvertently took the opportunity away from the parent to successfully orally feed her own child for the first time by doing it ourselves to show her how. This brought tears to the mother's eyes because she wished that she'd known how and could have done what we were able to do. I think we do a lot of that without thinking. We take these "family's firsts." We reinforce the notion that the family is not capable. It takes professionals to fix the problem or it takes a whole team of us to address it. That really made us think and drove us to coaching. How can we give them those moments so they can have those experiences that are really life changing? It's their life, not ours. All it takes from us is to find out what they know or want to have happen, to observe, to put hands on the child for the briefest periods of time, to assess, and to help figure things out so we know how to help them support their child, but certainly not

to continue to do it so that we take the opportunity away from them.

***Dr. Shelden*:**

I think we all have good intentions, but I was in front of the family, making plans for them. To this day, I have to pace the conversations, do some self-talk to remind myself, I don't think like this father. He would say to me, "you talk really fast." I would just laugh, and then I would keep going. Finally, he said, "Stop, slow down," but I couldn't do it. I wasn't listening to him. I need to cover ABCD, and honestly, if we get through it, we've had a great session. I think that's really hard for most practitioners.

***Dr. Rush*:**

We have to constantly try to drive home the point that in coaching we're not taking away the knowledge and the skills that EI practitioners have. They're going to continue to use their knowledge, skills, and expertise. Coaching is the interaction style that builds the capacity of the caregiver, to know what to do to support the child's learning development. We build on and teach the parent responsive strategies. Some are things that we would do if we were working directly with the child while others are how to use resources like positioning and adaptive equipment. We're going to teach them how to use the strategies as they need to, instead of us being the one. They're not going to use them as an exercise, but they're going to use it functionally.

Dr. Beth Elenko:

How do you think therapy will transition post COVID? Do you think that this model will continue?

***Dr. Shelden*:**

Well, our hope is that providers will see the progress that children and families are making and continue to use it with fidelity. Then they'll realize if it's not working, that they need to step back and think, am I really using coaching as it should be used? Or, am I doing something that's really not coaching, and that's why it's not working? I think families are going to give practitioners feedback of instances where it really worked. Families really depend on us to have the expertise and knowledge for what is the most evidence-based current state of the art practice that we should be using. I think there will always be some who will fall back to what's comfortable. You can still work in EI and do non-evidence-based practices and get paid by insurance to do that. But when you're practicing in medicine, as a physician, if you're not staying up on the most current evidence-based practices, insurance won't pay for it.

When somebody says COVID is over, over the worst of it, and everybody can go back to face-to-face visits, it will depend on the payment systems. If they say we're going to stop paying for what you were doing via tele-intervention or you can go back and just do it the way that you did it before, then we'll have to see what happens.

Dr. Beth Elenko:

There has been talk about how services are delivered being the family's choice, but, as providers, we have to be able to do the right interventions. Telehealth became a way to force people to figure out how to use coaching, but many families prefer the traditional model. What suggestions do you have for the parent who is transitioning from the medical model and doesn't buy into the coaching style?

***Dr. Shelden*:**

I think we really need to be more confident about what the research says and why we're doing what we're doing. I was talking to a group of therapists recently and they were asking, how you would coach craniosacral therapy? Or, how would you coach stretching a child, you know, with spasticity? The answer is simple: I wouldn't do those things. They are not evidence based. We have such a powerful impact on the trajectory that families take with what services are going to look like for them. I conjured

up an idea once that we have everybody who worked in school services do an internship in EI, and vice versa. Then they switch. I would ask, "Have you ever met a child who is the age of 10 with significant cerebral palsy who didn't have hamstring contractures?" They would say, "No, they all have at least a little bit no matter what you do." If you don't ever see it, you think they had a good therapist. You don't really see the impact on what you could have been helping the family with versus what you were doing with the family.

***Dr. Rush*:**

I was coaching a provider who was working with both parents during a particular visit. The mother was a nurse and the father stayed home with the child. The provider had been working primarily with the dad, but the mother had been home the last couple of sessions and participating in visits. She was really wanting the practitioner to focus on table top activities because that's what her vision of therapy looked like and what her child needed. Then, they moved to another area of the house to engage in a typical activity. The dad saw the benefits of it and the progress the child was making. The mom said, "You know, I'm not buying this. I don't really believe in this." The provider explained beautifully the practices to the mom, and she turned to the dad at one point and said, "Well, what do you think about all this?" The dad said, "I think it's working. She's making progress. She's doing things that she hasn't been doing before." Then, during the visit, that practitioner engaged the mother in participating with the child in this activity. It could not have been timed more perfectly. The child did something for the very first time that she had never done before. The mother and the coach even reflected on it, and the mother acknowledged it. She said, "I've never seen her do that. It's the first time." The provider was thinking that the mom finally understood, and they got to the end of the visit, and they were doing their plan. The mother said, "Well, I really think this was nice to see, but I really think from now on, I want you to be sitting at the table to improve her communication skills, because that's how I really believe that it should be done, and by the way, I've signed her up for private therapies at the clinic because I think that's where she's really going to be making the progress." After this, the practitioner and I were engaged in our coaching conversation, and she asked me, "Is there anything else I could have done or said that would have helped this mother think about this in a different way?" We talked about it for a bit, and she really did do a beautiful job, and the conclusion that we came to is that we're not going to tell families what works best for them. If they believe it should be one way or another, it is up to them. It is their child, their family, not ours. We can only give them the information so that they can make informed decisions. There are times when evidence is helpful. I have given parents the American Academy of Pediatrics report (Adams et al., 2013) talking about Part C and the medical home that discusses how things have shifted and how we should be using everyday activities, and we should be using coaching to build the capacity of families to promote the development of their children. We have to meet families where they are, and we have to think about their frame of reference. For this mother, her frame of reference was the traditional model, and for this parent, that might be the information that she needs or she may refute that as well. That's her prerogative, because that's her child and not my child in the EI program.

Dr. Beth Elenko:

Thank you both for sharing your journey. I hope you have cleared the misconceptions about coaching and that inspired therapists will continue to put the family first and apply these coaching principles.

Dathan D. Rush, Ed.D., CCC-SLP, has a doctoral degree in child and family studies from Nova Southeastern University, Fort Lauderdale, Florida, and a master's degree in speech-language pathology from Oklahoma State University. Dr. Rush is currently the Director of the Family, Infant, and Preschool Program (FIPP) in Morganton, North Carolina. He provides ongoing technical assistance to several statewide early intervention programs to implement evidence-based early intervention practices in natural settings. Dr. Rush previously served as a clinical assistant professor at the University of Oklahoma Health Sciences Center teaching early childhood intervention in the graduate program. He has more than 30 years of experience as a practitioner and early intervention program director and has managed a number of training contracts with various state agencies and organizations. He served as an editorial board member of *Infants and Young Children* from 1994 to 2002 and has published articles in the area of coaching families in early intervention, in-service training, and teaming in early intervention. He is also a past president and former executive council member of the Oklahoma Speech-Language-Hearing Association. Dr. Rush has presented numerous workshops nationally on topics related to writing and implementing individualized family service plans (IFSPs), team building, using a primary service provider approach to teaming, coaching, and supporting young children with disabilities and their families in natural learning environments. Dr. Rush also coauthored a book on coaching in early childhood intervention as well as a chapter on using a primary coach approach to teaming in *Working with Families of Young Children with Special Needs* (McWilliam, 2010). He and Dr. Shelden are coauthors of *The Early Intervention Teaming Handbook: The Primary Service Provider Approach* (Shelden & Rush, 2013) and *Coaching Families and Colleagues in Early Childhood* (Shelden & Rush, 2020).

M'Lisa L. Shelden, P.T., Ph.D., has a doctoral degree in special education from the University of Oklahoma. She also has a bachelor's degree in physical therapy from the University of Oklahoma Health Sciences Center and a master's degree in early childhood special education from the University of Oklahoma (Norman Campus). Dr. Shelden currently serves as the chair and program director of the Department of Physical Therapy at Wichita State University (WSU) in Wichita, Kansas. Prior to joining the faculty at WSU, she served as director/researcher of the Family, Infant, and Preschool Program (FIPP) in Morganton, North Carolina, where she worked alongside Dr. Rush providing ongoing technical assistance to several statewide early intervention programs to implement evidence-based early intervention practices in natural settings from 2002 to 2018. Dr. Shelden has more than 30 years of experience as a physical therapist and special educator. In addition, she received a 2000 National Institute on Disabilities and Rehabilitation Research (NIDRR) Mary E. Switzer Merit Fellowship. She is a graduate Fellow of ZERO TO THREE: National Center for Infants, Toddlers, and Families. Dr. Shelden has coauthored several articles related to early intervention teamwork, writing IFSPs, coaching, and supporting young children with disabilities and their families in natural learning environments. She has also written a chapter related to physical therapy personnel preparation and service delivery and has coauthored a book entitled *Physical Therapy under IDEA* (McEwen et al., 2000). She and Dr. Rush are coauthors of *The Early Intervention Teaming Handbook: The Primary Service Provider Approach* (Shelden & Rush, 2013) and *Coaching Families and Colleagues in Early Childhood* (Shelden & Rush, 2020).

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